

# CERVICAL CANCER SCREENING IN THE MILITARY HEALTH SYSTEM (MHS) 2001-2002

## A National Quality Management Program Special Study

*“Pap testing rates varied significantly by Military Service, ranging from 70 percent for cohort members enrolled to an Air Force Military Treatment Facility (MTF) to 64 percent for cohort members enrolled to Navy and Army MTFs.”*

### Why study Cervical Cancer?

Cervical cancer is the 10th most common cancer among women in the United States and is anticipated to result in more than 4,000 deaths in 2002 (U.S. Department of Health and Human Services, 2001). Studies show that the majority of these deaths are preventable when the cancer is detected early through Papanicolaou (Pap) smear testing, and the patient receives appropriate treatment (Gottlieb et al., 2001).

The U. S. Preventive Services Task Force (USPSTF) recommends routine Pap testing for cervical cancer for all women who are or have been sexually active and who have a cervix. Pap smears should be repeated at least every three years. Annual access to this testing is provided to female MHS beneficiaries as a TRICARE Standard and Prime Clinical Preventive Services benefit (TRICARE Management Activity (TMA), 2002).

This study characterizes Pap testing practices for women continuously enrolled to MTFs and provides comparisons of these baseline MTF Department of Defense (DoD) rates to national benchmarks. Specifically, the following questions were examined:

- What is the Pap testing rate for women ages 21 through 64 continuously enrolled to an MTF?
- How do testing rates of the eligible population compare to rates noted for health plans reported in the Health Plan Employer Data and Information Set (HEDIS)?

The present study is a follow-up to the 2001 National Quality Management Program (NQMP) Scientific Advisory Panel approved study. The 2001 study measured cervical cancer screening rates for all women enrolled to an MTF using available electronic health

data and standardized definitions across the MHS. The major changes in the 2002 study are the rigorous adherence to the HEDIS continuous enrollment requirement for study cohort members and the use of Pap test laboratory data as a proxy for cervical cancer screening.

### What was the methodology?

The study was conducted using a modified HEDIS methodology. The numerator was based on HEDIS hybrid specifications and included administrative laboratory data for Pap tests as the indicator for cervical cancer testing. The study population consisted of women continuously enrolled to an MTF between April 1, 2001 through March 31, 2002. Pap testing data were collected for the period April 1, 1999 through March 31, 2002.

Pap testing rates were recalculated for the study population using the ICD-9-CM procedure code, V72.3, which includes a Pap test when a gynecological exam is performed.

### What were the results?

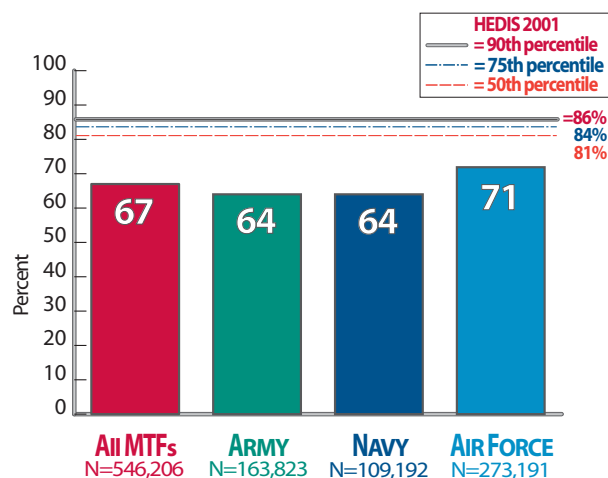
Overall, 546,206 MTF-enrolled women were identified from Direct Care and Purchased Care visits data for inclusion in the study. The cohort was predominantly Non-Active Duty (NAD) enrollees (87 percent). The majority were enrolled to Air Force MTF sites (50 percent), followed by Army (30 percent) and Navy (20 percent) MTF sites.

Pap testing rates varied by Military Services, ranging from 71 percent for cohort members enrolled to an Air Force MTF to 64 percent for cohort members enrolled to Navy and Army MTFs (Figure 1). None of



the rates at the Military Service level met or exceeded the HEDIS 2001 50th percentile rate of 81 percent for Pap testing.

**Figure 1: Papanicolaou Testing Rates by Military Service Enrollment**



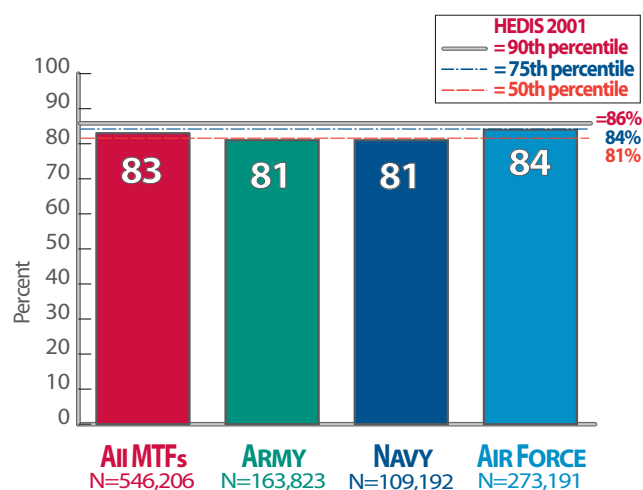
Military Service testing rates were also examined by duty status. Across Services, Pap testing rates were higher among Active Duty (AD) women than among NAD women. Rates for AD women ranged from 81 percent for women enrolled to an Air Force MTF to 75 percent for women enrolled to a Navy MTF and 73 percent for women enrolled to an Army MTF. Rates for NAD women were highest for women enrolled to an Air Force MTF (69 percent).

Pap testing rates were recalculated for the study population using the ICD-9-CM procedure code, V72.3 (Figure 2). In summary:

- The revised rates were significantly higher than the Pap rate calculated without the inclusion of this code.
- The revised Pap testing rates ranged from 84 percent for women enrolled to Air Force MTFs to 81 percent for women enrolled to Army and Navy MTFs.
- As with the HEDIS rates, women enrolled to Army and Navy MTFs have similar revised rates.

- The rates across all Services met or exceeded the HEDIS 2001 50th percentile rate of 81 percent for Pap testing.

**Figure 2: Papanicolaou Testing Rates, Gynecological (V72.3) Exam Included by Military Service Enrollment**



## Conclusions and Recommendations

In conclusion, Pap testing rates, using either of the definitions, seldom met or exceeded the HEDIS 2001 90th percentile of 86 percent. However, rates based on inclusion of the Gynecological V72.3 code exceeded the HEDIS 2001 50th percentile.

Based on the study data, the following recommendations should be considered:

- The MHS should monitor cervical cancer screening on a continual periodic basis and report changes (positive and negative) at all levels within the organization.
- Since the ICD-9-CM procedure code V72.3 includes a Pap test, a study should be conducted to verify that the procedure is being coded correctly and to include these codes in future studies to create more accurate and complete DoD rates.
- Include enrollees to managed care contractors in follow-up studies.

## ***Study Limitation***

The NQMP 2002 study was conducted using modified HEDIS specifications that included continuous enrollment to an MTF. Therefore, results between the 2001 and 2002 studies are not comparable.

## ***References***

U.S. Department of Health and Human Services, Centers for Disease Control. 2001. "Data 2010...the healthy people 2010 database." 2002.

Gottlieb, H., Huang, P., Blozis, S., Guo, J., and Murphy-Smith, M. 2001. "The impact of put prevention into practice on selected clinical preventive services in five Texas sites." American Journal of Preventive Medicine 21:35-40.

TRICARE Management Activity (TMA). 2002. "TRICARE Policy Manual 6010.47-M, Medical Services, Chapter 1, Section 10.1, TRICARE Standard-Clinical Preventive Services." <http://www.tricare.ha.osd.mil/manuals>

TRICARE Management Activity (TMA). 2001. "Cervical Cancer Screening in the Military Health System (MHS) 2000-2001; A National Quality Management Program (NQMP) Special Study." ACS Federal Healthcare, Inc.

## ***Where to go for more information?***

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